

# Radix Running HS XC Overnight Camp

**When:** August 14th-August 18th 2022

**Arrive:** August 14th 2:00-4:00 pm, leave August 18th 10:00 am

**Where:** Brookwood Camps, 574 Proctor Rd Glen Spey NY 12737-5569

Radix Running Camp is designed to develop our camper's knowledge of running in order to empower them to achieve their goals. During camp, we will work on running specific drills, flexibility, strength improvement, and training techniques. Camp will also include talks on nutrition, race strategy, and overall fitness. The coaching staff will include cross country coaches as well as fitness professionals.

**Please sign and return with the final payment (\$575 for individuals \$550 for siblings) by 8/1/22 to :**

Radix Running LLC

P. O. Box 724

Lincroft, NJ 07738

---

## Radix Running LLC HS XC Overnight Camp Waiver

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ School Name: \_\_\_\_\_

**Please initial next to each statement to verify you have carefully read and fully understand each condition:**

Statement	Initial
My child/camper will be voluntarily attending Radix Running HS XC overnight camp from 8/14/22-8/18/22 and assumes all risks of injury or illness.	
I understand that running, fitness training, and related activities are potentially dangerous and could pose risk of injury. I verify that my child/camper has had a physical exam in the past year and is capable of participating in the strenuous activities related to running and fitness.	
I agree to indemnify, hold harmless and defend, Radix Running, LLC., Michael Mazzaccaro and the Radix Running staff, their agents, employees, contractors, volunteers and sponsors from any and all liability for any injury to my child/camper, as well as any damage caused by them.	
This waiver and release of liability includes, without limitation, all injuries which may occur as a result of, (a) your use of all amenities and equipment and your participation in any activity, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment, and (c) our instruction, training, supervision, or recommendation.	
In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the participant's immediate care.	
Radix Running, LLC, Michael Mazzaccaro, and the Radix Running staff, their agents, employees, contractors, volunteers and sponsors are not responsible for loss or damage of any personal items	
I hereby grant the Radix Running, LLC permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration	

**I have carefully read, fully understand, and completely agree with the informed consent and release of liability.**

Guardian Name (Print): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_